

EMERGENCY SUPPORT FUNCTION (ESF) 8 HEALTH AND MEDICAL SERVICES

PRIMARY AGENCIES: Public Health - Seattle and King County (PHSKC)
Harborview Medical Center (HMC)

SUPPORT AGENCIES: Airlift Northwest
Amateur Radio Medical Services Team (ARES)
Ambulance Companies (Private)
American Red Cross (ARC)
King County Cities
King County Fire Departments and Fire Districts
King County Government
King County Hospitals
King County Paramedic Provider Agencies
Madigan Army Medical Center (MAMC)
Military Assistance to Safety & Traffic (MAST)
Medical Exchange Northwest
Medical Examiner
Metropolitan Medical Strike Team
National Disaster Medical System (NDMS)
Private Healthcare Providers
Puget Sound Blood Center (PSBC)
Washington State Critical Incident Stress Debriefing Network
Washington State Hospital Association (WSHA)
Washington State Department of Health (WSDOH)

I. INTRODUCTION

A. PURPOSE

1. To provide for the organization, mobilization, coordination and direction of emergency medical, emergency health and emergency medical examiner services and resources in a disaster.
2. To provide for the coordination of emergency hospital services
3. To provide for the care of the sick, injured and dead resulting from a disaster.
4. To facilitate the coordinated use of medical personnel and communications.
5. To provide for the coordination of crisis response and mental health services for persons who suffer from reactions to the disaster.
6. To provide for Critical Incident Stress Management (CISM) services for emergency service workers.
7. To provide for the systems and methods required to prevent or control disease.

B. SCOPE

1. Emergency medical, health, medical examiner and hospital services are provided to residents of King County primarily by Public Health – Seattle and King County (otherwise referred to in this document as the Public Health), the 35 King County fire departments and fire protection districts, 5 paramedic provider groups, 3 private ambulance companies, 13 private hospitals and 2 public hospitals.
2. Public Health provides environmental health and personal health services, which emphasize **prevention** in order to attain a high quality of life for the population of King County. The Director of the Public Health, as Health Officer for King County, is responsible for organization, supervision and coordination of **emergency** health and mortuary service in King County and for providing assistance in the coordination of **emergency** mental health services. Health Services are available on a city, county and regional basis. Public Health consists of:
 - a. Office of the Director, including Epidemiology, Planning and Evaluation, Public Information and Education, and Risk Management;
 - b. Five divisions, including Administrative Services, Community Health Services, Prevention, Environmental Health, and Emergency Medical Services;
 - c. Correctional Health and Rehabilitative Services.The Director of the Public Health reports directly to the Mayor of Seattle and to the King County Executive. (PHSKC Organizational Chart, Appendix 1, page 23).
3. Mobile emergency medical aid is provided by King County fire service BLS units and five paramedic provider group ALS units through a tiered response system. This system calls for an immediate response by firefighter EMTs responding in fire service aid units to provide Basic Life Support services. The second response level consists of paramedics who provide Advanced Life Support services in cases where acute illness or severe injury requires medical stabilization at the scene prior to and during transport of the patient to the hospital.
4. Hospitals throughout King County provide 24-hour emergency outpatient services and specialized treatment. The varied emergency response capabilities of the hospitals are outlined in a facilities matrix maintained in medical and health resource manuals in the Seattle, King County and Public Health EOC's.
5. The greater Puget Sound area is supplied by major suppliers of pharmaceuticals, medical supplies and linens, etc. More detailed information regarding communication, access and the capabilities of these suppliers is maintained in the resource manuals in the Seattle, King County and Public Health EOC's.

II. POLICIES

- A. The Director of Public Health, as County Health Officer, may implement quarantine policies and procedures when required due to incidents of mass communicable disease exposure.
- B. Internal policies for Public Health are maintained in the Basic Plan of the Public Health Emergency/Disaster Operations Plan. These include policies for reporting for work, public information policies, updating plan requirements, participation of employees in disaster drills and supply requirements for sites.

- C. All King County fire departments, districts and paramedic providers will respond as first response agencies for pre-hospital medical care. Private ambulance providers will also provide transportation and interfacility transports.
- D. Hospitals in City of Seattle shall forward requests for assistance to the Public Health EOC. Hospitals located in suburban cities within King County should forward requests for assistance to their local suburban city EOC. (Reference Zone Functional Responsibilities in the Basic Plan Appendix I: Direction & Coordination. See Appendix 3A, page 25).

III. SITUATION

A. Emergency Disaster Conditions and Hazards

1. The King County Hazard Identification and Vulnerability Analysis (HIVA), October, 1997, lists the following natural hazards as potential threats to the Puget Sound area: Avalanche, drought, earthquake, fire hazard, flood, landslide, severe local storm, tsunamis and volcanoes. In addition, technological hazards such as civil disorders, dam failures, energy shortages/utility outages, food/water supply contamination, hazardous materials release, radiation hazards, terrorism and transportation accidents may also occur.
2. Avalanche, earthquake, flood, winter storms and their resulting landslides, appear to pose the most serious threat to the health and safety of the population, with avalanche having killed more people than any other natural cause (HIVA, A-1). Severe winter storm is listed in the HIVA as the most common widespread natural hazard (HIVA, G-3). Earthquake poses the most serious threat for impacting thousands of people in a matter of minutes. The potential for large number of human casualties is greatest during the hours of heavy traffic and when large numbers of people are concentrated in schools and business areas (HIVA, C-4).
3. The most serious threat for technological hazards would appear to be from a hazardous materials release or terrorism. King County has one of the highest probabilities in Washington State for being the scene of a significant hazardous materials release (HIVA, N-1).

B. Planning Assumptions

1. In a large scale disaster or any situation where needs exceed ability to cope, any of the following may occur:
 - multiple physical casualties with a variety and range of urgency and disability;
 - physical facilities will be over taxed, over utilized, damaged or inaccessible;
 - health related supplies may be over utilized or unavailable;
 - infrastructure support for health facilities may be interrupted so that water, power, gas, food supplies, etc. may be impaired;
 - personnel to provide medical care may be limited due to injury, personal concerns/needs or limited access to facilities where they work;
 - access of casualties to assessment, transport and treatment facilities may be limited.
2. Planning should be directed toward such naturally occurring and man made disasters including, but not limited to, earthquake, snowstorm, windstorm, aircraft crash, volcanic eruption, train derailment, dam failure, terrorist attack and hazardous chemical incidents.

3. Hospitals and other medical facilities will be taxed to their maximum capacity and ability to receive patients. ESF 8 Coordinators may need to coordinate the use of other facilities such as shelters, college dormitories, etc., as temporary treatment centers. Public Health does not maintain sufficient medical supplies, pharmaceuticals, or emergency care medical staff to supply a temporary treatment center. Staffing and supply of temporary treatment facilities will be consistent with the ability to mobilize and transport staff and supplies from other medical facilities, temporary employment agencies, or private medical suppliers, and may take up to 72 hours.
4. Public Health does not supply medical equipment, pharmaceuticals or linens to hospitals on a daily basis. Hospitals, nursing homes and other critical care in-patient facilities will rely on existing emergency service contracts with medical supply and pharmaceutical vendors to the maximum extent possible.
5. Hospitals, nursing homes and other critical care in-patient facilities will maintain back up supplies stored on site, (including food, water and basic medical supplies) to maintain operations for a minimum of three days.
6. Public Health operates 11 Public Health Centers in King County. Under normal conditions, some of these centers are staffed with physicians and public health nurses, however, staff at Public Health centers are not trained in triage of patients with serious injuries in a disaster setting. Care, which will be provided to the public at these sites, will be consistent with the skills and abilities of public health providers. Locations, typical hours of business, emergency staffing capabilities, etc. are listed in the Public Health Emergency Operations Plan.
7. Public Health Centers in King County maintain a 72-hour supply of food, water and medical supplies for Public Health staff and clients who may be in the building at the time of the emergency. Some, but not all, Public Health Centers maintain medical supplies for the treatment of minor injuries for citizens who may seek medical aid at these sites. Public Health Centers do not maintain food or water supplies to meet basic shelter needs of the public after the emergency. Citizens who report to Public Health Centers for *shelter only* will be referred to designated shelter locations as identified from ESF-6 contained in the Seattle and King County Emergency Management Plans.
8. During the first 72 hours after the disaster, the public should not anticipate routine emergency medical services from the various pre-hospital providers by calling 911.
9. The public should not anticipate routine public health services, such as immunizations, special nutritional programs for children, or public health nursing services, routine dental care for at least the first 72 hours after the disaster.
10. Publicly supported emergency medical, health and medical examiner services will be restored to normal during the recovery period as soon as practical and within the limitations and capabilities allowed by city government following the emergency.

IV. CONCEPT OF OPERATIONS

A. General

1. Emergency medical, health, mortuary and hospital services are provided to residents of King County primarily by Public Health (Seattle and King County), 35 fire departments and fire districts and 13 private and two public hospitals (Seattle and King County).

Additional medical, health and mortuary services are provided by numerous private medical service providers as outlined in this document.

2. Non-city or county government, private or non-profit organizations will be requested to support the regional medical, health and mortuary services, and hospitals by providing emergency services consistent with their capabilities.
- B. Organization - The relationships between the Primary and Support Functions are identified in the flow chart in Appendix 2, Page 24.
- C. Procedures
1. Emergency operating procedures for Public Health are maintained in the Public Health Emergency/Disaster Operations Plan.
 2. Procedures for fire and medical services are identified in:
 - a. Internal procedures for each city and fire district;
 - b. ESF-4, Fire, Rescue and EMS, Seattle Disaster Readiness and Response Plan;
 - c. King County fire service plans internal procedures;
 - d. King County ESF 4, Fire Services.
 - e. King County Multiple Casualty Incident Operations, King County Fire Resource Plan.
 3. Procedures for other organizations are outlined in individual agency disaster plans.
 4. Additional regional procedures are further identified in the response activity section of this document.
- D. Response Activities
1. The lowest, local unit that experiences any or all of the conditions in II B, Assumptions, may activate the procedures in this plan.
 2. Public Health representatives will respond, as directed, to the Seattle, King County or Public Health EOC's, or secondary field locations, as directed in the Public Health Emergency/Disaster Operations Plan. Specific mobilization procedures and Chain of Command lists (three deep for each position) are updated quarterly. Seattle and King County EOC operations are managed in accordance with procedures identified the city and county emergency operations plans, respectively.
 3. The Public Health EOC is located at the Downtown Public Health Center, 2124 4th Ave., Seattle. Detailed information on alternate locations, building access, communications and staffing information is contained in the Public Health Emergency/Disaster Operations Plan. All Public Health operations will be managed from the Public Health EOC under the direction of an Incident Commander appointed by the Public Health Director, or designee. A Public Health Duty Officer is on duty on a 24-hour basis to respond to requests for assistance from the Public Health. The Health Duty Officer can be paged by calling the Public Health EOC at 206-296-4606. When the Health EOC is not activated, a recorded message will provide the caller with a 24 hour pager number for the Health Duty Officer. The operational readiness of the Public Health EOC is the responsibility of the Clinic Manager, Downtown Public Health Center.
 4. Emergency health, environmental health and medical examiner services:
 - a. Emergency health, emergency environmental health and medical examiner services will be directed and controlled by Public Health officials and private health and mortuary providers pursuant to the responsibilities section of this ESF.

5. Emergency Medical Services:
 - a. Emergency medical services will be directed and coordinated by all King County fire departments, fire districts and paramedic providers.
 - b. All King County fire department units will respond and establish field command posts (CP) as necessary.
 - c. All King County fire department aid units and paramedic provider medic units will respond to establish field triage areas, direct triage and treatment operations and initiate communications with "Hospital Control" (Harborview Hospital or designated alternate, Overlake Hospital).
 - d. Triage will be provided at each multiple casualty site.
 - e. Transportation for the injured will be coordinated by all King County fire departments with assistance from private ambulance companies.
 - f. Assignment of patients to hospitals or temporary treatment facilities will be coordinated by "Hospital Control."
6. Emergency Hospital Services:
 - a. Medical care for the injured will be provided primarily at local hospitals or when necessary at temporary treatment facilities. Direction and control of emergency operations at hospital facilities will be the responsibility of the facility managers and staff.
 - b. Hospital administrators will develop policy and procedures for activation of hospital internal disaster plans to ensure adequate staffing and bed capacity to maintain hospital operations at maximum levels possible.
 - c. Harborview Medical Center is designated as the primary Regional Hospital Control, with Overlake Hospital designated as the back-up hospital. Hospital Control will function in the following events:
 - 1) Multiple Casualty Incident (bed census will drive decisions for patient distribution).
 - 2) System wide emergency that impacts or overloads hospitals (bed capacity or hospital status [function, staffing or equipment levels, etc.] must also be considered.)
 - d. Hospital Control will coordinate the distribution of patients to hospitals or temporary treatment and medical facilities upon request from the field Incident Commander.
 - e. Alternate facilities will be used as temporary treatment centers for minor ambulatory injuries as directed by Public Health.
 - f. King County and regional partners will provide direct assistance to hospitals during an emergency with personnel, transportation, supplies, equipment and emergency maintenance of hospital physical plant when meeting these needs is beyond the capability of the hospital and within the capabilities of local governments.
7. Emergency Mental Health Services:
 - a. Public Health will support King County Department of Community and Human Services, Mental Health Division and American Red Cross, to provide crisis response and mental health services for persons who suffer from reactions to the disaster.
 - 1) The Mental Health Division will provide mental health crisis response and involuntary detention services and outpatient mental health services for persons who suffer from reactions to the disaster.

- 2) The American Red Cross (ARC) will provide Disaster Mental Health Services to citizens as outlined in ARC Disaster Services Regulations and Procedures, as volunteer staffing allows. (Reference Section, page 20.)
- b. The Emergency Medical Services Division of Public Health will coordinate with the Washington Critical Incident Stress Management (CISM) Net to provide Critical Incident Stress Management services for emergency service workers after the disaster. (See Appendix 6, Page 34.)
8. Emergency Communications
 - a. 800 MHz Radio/Primary
 - 1) The Seattle/King County Region has adopted an EMS Pre-Hospital and Hospital Disaster Communications Plan (see Reference Section, page 20.) Three basic EMS and Hospital communications strategies are addressed in this plan:
 - a) Communications strategies for public Basic (BLS) and Advanced (ALS) Life Support units to communicate with their Medical Control hospital, and other hospitals, pre-transport.
 - b) Communications strategies for hospitals to communicate with each other and appropriate EOC's during major emergencies and disaster situations.
 - c) Communications strategies for Airlift Northwest helicopters to communicate with their Medical Control, other hospitals and ground -contact personnel.
 - 2) 800 MHz radio provides the communication network between the hospital designated as "Hospital Control" and all other hospitals in Seattle, King County and control hospitals in Pierce and Snohomish Counties.
 - 3) Each participating hospital has a talkgroup, which allows them to monitor any incoming transmissions to their facility from field EMS units. Hospital radios will also have access to other participating hospital talkgroups.
 - 4) Aid and medic units use approved 800 MHz channels for communicating with Hospital Control or local base hospitals to receive medical direction from physicians or to relay patient medical information and arrival time. Seattle and King County fire department aid units and paramedic units also use the 800 MHz channels frequency during a multiple casualty incident to communicate with "hospital- control" from the incident site. The following agencies or locations also have 800 MHz radio capabilities:
 - a) Harborview Medical Center;
 - b) Overlake Hospital Medical Center;
 - c) All but one hospital within Seattle and King County;
 - d) Seattle EOC;
 - e) King County EOC;
 - f) Public Health EOC;Talkgroups for 800 MHz radios for Public Health and hospitals are listed in Appendix 7.
 - b. HEAR Radio
 - 1) Hospital Emergency Administrative Radio (HEAR) will still be used by Harborview for contacting any hospital that does not have an 800 Mhz Radio. Information transmitted over this frequency will be limited to the following:
 - a) Activation of the 'All Call Alert' to notify hospitals of the incident;

- b) Return exchange of hospital patient capabilities from hospitals to 'Hospital Control.'
- 2) 2) Although the HEAR Frequency is located in most private ambulance vehicles in the region, personnel in vehicles transporting patients will not use the HEAR frequency to relay patient medical information or arrival time to receiving hospitals if Hospital Control has activated the 'All Call Alert'. Agencies which have the HEAR radio at their facilitie(s) include:
 - a) King County EOC
 - b) Seattle EOC
 - c) All hospitals
- 3) Public Health - Seattle and King County does NOT have the HEAR radio at the Health EOC.
- c. Amateur Radio Medical Services Team (A.R.E.S.) operators, are used to supply alternate and/or supplementary communication channels to agencies in Seattle and King County. The following agencies are equipped with Amateur Radio capability:
 - 1) Seattle Emergency Operations Center;
 - 2) King County Emergency Operations Center;
 - 3) Public Health Emergency Operations Center;
 - 4) Harborview Medical Center
 - 5) Puget Sound Blood Center

A number of hospitals, health care agencies and vendors in the region also have amateur radio capability (not listed in this ESF 8 due to change). Using mobile or hand-held radios, amateur radio operators connect the hospitals and other health care facilities and agencies with Emergency Operating Centers, using a dedicated radio network, for the purpose of supplying back-up medically-related communications. (See Appendix 8 for activation of the ARES Medical Services Teams.)
- d. Public Health has a Public Health Amateur Radio (PHAR) Team. These team members carry handheld amateur radios and may be utilized to support the Public Health EOC or may be dispatched by Public Health to other sites within Seattle and King County, as needed.
- e. King County Radio Emergency Associated Communications Teams (REACT) Citizen Band Radio operators provide the communications between 'mobile units (vehicles and boats) and the Washington State Patrol and A.R.E.S. Operators. REACT can be accessed on Citizen Band Channel 9 on a 24-hour-a-day basis.
- f. The Airlift Northwest Dispatch Center is located at King County Airport (Boeing Field) and may be contacted as follows:
 - National Watts Line 1-800-426-2430
 - Landline - 206-329-2569
 - Radio
 - VHF - 155.295 PL tone 192.8 (Primary)
 - MED COM 1 (Helicopter communication to Trauma Dr.)
- 9. Activation of National Disaster Medical System (NDMS)
 - a. **Domestic Disasters within the Puget Sound Area:** In the event of a disaster exceeding local capabilities, including provision of support from local military assets, the Governor (using the State's Emergency Management Division) may request

through FEMA that NDMS be activated. Requests may also be made for Federal Disaster Medical Assistance (DMAT teams) to be sent into the Puget Sound Area and/or that patients be evacuated to other NDMS regions. Madigan NDMS FCC will not be activated under these circumstances. Requests from local jurisdictions should be forwarded to the state via the King County and Seattle Emergency Operations Centers.

- b. Domestic Disasters external to Puget Sound Area: The governor or appropriate agency of the affected state requests activation of NDMS, usually through FEMA. The MAMC FCC is alerted through its military chain of command to implement the NDMS.

V. RESPONSIBILITIES

A. REGIONAL

1. Regional/Primary Agencies

a. Public Health –Seattle and King County

1) **The Director of Public Health**, or designated alternate, shall:

Response and Recovery Phase:

- a) Designate the Public Health COO as ESF 8 Group Coordinator to supervise and manage the activities ESF 8 in the Seattle EOC. Keep EOC Director posted on all significant actions planned and actions taken.
- b) Be responsible for organization, supervision and coordination of Public Health personnel during a major emergency. Specific responsibilities and emergency task checklist for the Public Health Director and all Division Managers are maintained in the Public Health Emergency/Disaster Operations Plan.
- c) Provide epidemiological surveillance, case investigation, and follow-up to control infectious disease, including acts of bioterrorism, and food borne illness outbreaks. A quarantine may be called by the County Health Officer, per RCW 70.05.070, Local Health Officer, Powers and Duties.

2) **Chief, Environmental Health Services** shall:

Response and Recovery Phase:

- a) Provide for the monitoring and evaluation of environmental hazards, as necessary.
- b) Coordinate with regional public utilities and water utilities to assess damage to the water source, supply, and water treatment and distribution systems. Inform the public utilities of locations needing priority water service restoration.
- c) Coordinate with the American Red Cross representatives in the Seattle and King County EOCs to assist with environmental health provisions at temporary shelters and disaster assistance distribution centers.
- d) Coordinate with the Seattle and King County EOC's to identify:
 - Hospitals and temporary treatment centers in need of containerized potable water, sanitation facilities and power generation;
 - Hospitals in need of temporary water treatment equipment.
 - Other sites such as temporary shelters and disaster assistance distribution centers in need of containerized potable water, sanitation facilities and power generation.

- e) Coordinate citywide and countywide surveillance to determine:
 - Sewage disposal system failures;
 - Health risks due to environmental factors;
 - Natural gas leaks;
 - Extent of food contamination and spoilage; and
 - Inspection of food service establishments and provision of public information on food safety.
 - f) Provide advice for utility plan development regarding storage, treatment and disposal of disaster related solid wastes.
 - g) Coordinate the inspection of schools and temporary emergency shelters.
 - h) Assist in notification of appropriate agencies regarding potential areas of toxic chemical contamination and assist in providing public notification and evaluation of clean up and disposal services.
- 3) **Community Health Services Division Manager** shall:
Response and Recovery Phase:
- a) Ensure that Public Health Centers are stocked with adequate supplies of first aid supplies, disaster kits and food for staff and clients.
 - b) Coordinate with Prevention Division to assist in immunization programs for persons in high disease risk categories and for homeless population.
 - c) Provide primary care response to local communities, in designated clinics.
 - d) Coordinate triage of patients who may be transported or come voluntarily to Health Service Centers; provide first aid care and treatment of minor injuries and emergent health care, as possible with available resources.
 - e) Transportation of Public Health staff, if requested.
- 4) **Administrative Services Division Manager** shall:
Response and Recovery Phase:
- a) Provide support functions necessary to control department assets.
 - b) Coordinate and provide department services including personnel, payroll, facilities data processing, laboratory support and documentation of emergency operations costs during the emergency period.
 - c) Provide personnel and facilities to support emergency programs.
 - d) Coordinate with the King County Purchasing Department for the procurement of medical supplies and equipment, during proclaimed emergencies.
 - e) Provide for the collection and documentation of emergency operations costs for Public Health activities during the emergency period including cost of department assets used, emergency payroll expenditures and emergency supplies and equipment purchased.
 - f) Coordinate the distribution of available supplies and pharmaceuticals from the department distribution center and pharmacy.
- 5) **Prevention Division Manager and Chief Medical Examiner** shall:
Response and Recovery Phase:
- a) Coordinate mass immunization programs for persons in high disease risk exposure categories;
 - b) Coordinate operations for general or mass emergency immunizations or quarantine procedures;

- c) Maintain vital statistics including birth and death certificates;
- d) Coordinate and provide laboratory services for identification required to support emergency health and emergency medical services;
- e) Investigate and determine the cause of sudden, unexpected, violent, and non-natural deaths;
- f) Provide emergency information to the news media, via the Joint Information Center (JIC) on mass deaths, body identification, and morgue operations;
- g) Coordinate morgue services including body identification and disposition of unclaimed bodies. Maintain a record of information on all unexpected and violent deaths resulting from the disaster.
- h) Coordinate the Public Health response to an incident of Bioterrorism. (See Appendix 9, page 37 & 38.)
- 6) **Emergency Medical Services Division Manager** shall:
 - a) Administer and coordinate advanced life support units in South King County.
 - b) Coordinate with the WSHA hospital representative at Health EOC and Seattle and King County EOC's to provide assistance to hospitals, including requests for support personnel, equipment and supplies, in the event hospitals can no longer manage the situation with in-house resources.
 - c) Coordinate with the Fire Services Functional Group at King County EOC to assist King County fire departments/districts and paramedic providers with personnel and supply needs.
- 7) **Correctional Health and Rehabilitative Services** shall:
 - Response and Recovery Phase:
 - a) Provide adequate staffing and facilities to support emergency programs and in-patient populations in the North Rehabilitation Facilities (NRF).
 - b) Provide counseling staff, as available, to assist with the mental health services.
 - c) Maintain emergency health services at the King County Jail and Regional Criminal Justice Center.
- 2. Regional/Support Agencies
 - a. **Airlift Northwest**
 - 1) Airlift Northwest provides rapid emergency and inter-hospital air transport service to critically ill or injured patients throughout Washington, Alaska, Montana, Idaho and Western Canada. Airlift Northwest has 4 helicopters; one each stationed in King, Pierce, Snohomish, and Whatcom counties. In addition, Airlift Northwest maintains 4 fixed wing jet aircraft, 2 stationed at King County Airport (Boeing Field), one in Alaska and one in Wenatchee, Washington.
 - b. **Amateur Radio Medical Services Team (ARES)**
 - 1) Participate in ESF 8 planning and preparedness activities, as needed.
 - 2) The Medical Services Team is a special auxiliary communications service team affiliated with the Western Washington section of the Amateur Radio Emergency Service. The role of this team is to provide vital back up communications between medical facilities in the community, local governments and other emergency management agencies during disaster situations, when normal communications are inoperable or disrupted. (See Appendix 8, page 36, for activation procedures.)

c. **Ambulance Companies (Private)**

Private ambulance organizations will respond ambulance units to provide transportation, as requested and available.

- 1) Ambulance units will be requested by the Incident Commander at the scene.
- 2) Ambulance operators shall:
 - a) If arriving at an incident requiring field medical aid prior to the arrival of fire or police department units, notify the primary Communications Center via their own dispatcher.
 - b) If requested at the disaster scene, report to the ambulance staging area.
 - c) Report to the Base Area Manager or the Transportation Officer upon arrival at the scene of an incident already under fire department command.
 - d) Deliver patients to hospital or temporary treatment facilities as directed by the Transportation Officer.

d. **The Seattle-King County Chapter, American Red Cross (ARC)** will provide assistance as provided by Federal Statute (authority provided by Public Law) including:

- 1) Participate in ESF 8 planning and preparedness activities, as needed.
- 2) Assist King County and City of Seattle in disseminating official warnings, when feasible.
- 3) Assist in coordination of volunteer agencies relief efforts.
- 4) In accordance with Seattle Annex J and King County ESF 11, and in cooperation with the Human Services Functional Groups, provide food and drinking water to support emergency workers at temporary treatment centers and incident sites, as needed.
- 5) Provide emergency first aid and Disaster Nursing Services, as their training and skills allow.
- 6) If requested by Puget Sound Blood Center, provide blood and blood products to PSBC for distribution via ARC Blood Services.
- 7) Assist with emergency medical needs at temporary treatment centers, as requested.
- 8) Provide Critical Incident Stress Debriefing Management to citizens impacted by the disaster, as volunteer staffing allows.

e. **Hospitals**

- 1) **Hospital Control** (Harborview Medical Center or Overlake Hospital Medical Center), upon notification of a multiple casualty incident or other system wide emergency, shall:
 - a) Activate the "All Call Alert" to notify all hospitals of the incident.
 - b) Notify the Public Health Duty-Officer by pager of the incident (contact the Health EOC at 206-296-4606 to obtain pager #). Provide the following information:
 - Nature of the emergency or problem;
 - Projected number of patients, if known;
 - Hospital Control status or needs.
 - c) Update the Puget Sound Hospital Capacity Website for your facility (<http://capacity.medical.washington.edu>) daily, and regularly every four hours during an event, more frequently if possible.

- d) If the Hospital Capacity Website is inoperable, activate the Triage Census board, requesting: 1) ability to accept patients; 2) bed capacity; 3) hospital(s) status (i.e., staffing, equipment and facilities); 4) hospital internal disaster plan activation status. Provide completed Hospital Capacity Report (Appendix 3B) form to the following by 1) FAX; 2) by 800 MHz Radio; or 3) Amateur Radio (only if FAX is not operational) to:
 - ◆ Public Health EOC (FAX 206-296-0184) (DPH COMMON)
 - ◆ Overlake Hospital (Emergency Dept. FAX 425-688-5667)
 - ◆ Providence/Everett (Emergency Dept. FAX 425-261-3030)
 - ◆ Good Samaritan Hospital, Pierce Co. Hospital Control (FAX 253-770-5990)
 - e) Communicate with the Transportation Team Leader on distribution of patients to appropriate critical care facilities.
 - f) Advise Transportation Team Leader of hospital facilities to which patients should be sent.
 - g) Notify hospitals of patients being sent to them.
 - h) Fax Damage Assessment Form (Appendix 3C, page 27) for your hospital (Harborview or Overlake) to the Public Health EOC (206-296-0184), within four hours after the event, or as soon as possible. If fax is not available Damage Assessments should be communicated via 800 MHz or Amateur Radio.
 - i) Maintain 24-hour communications capability between physicians and Transportation Team Leader. Communications capability should include HEAR Radio, 800 MHz Radio and Amateur Radio.
- 2) All **King County Hospitals** shall:
- a) Update the Puget Sound Hospital Capacity Website for your facility daily and regularly every four hours during an event, or more frequently if possible.
 - b) Provide adequate planning for maintaining emergency capabilities under disaster conditions or other episodes of utility service interruption, to include:
 - Back up power, sanitation and potable water provisions.
 - In-house capability or emergency service contracts for utility systems repair, damage stabilization, and water/debris removal.
 - c) Maintain communications with 'Hospital Control' and provide information upon request.
 - d) Update the Hospital Capacity Website.
 - e) Fax Hospital Damage Assessment form, within 4 hours of event, to:
Seattle Hospitals – Fax to Public Health EOC (FAX 206-296-0184).
King County Hospitals – Fax to your suburban city EOC and to King County EOC. If fax is not available, damage assessment should be communicated via 800 MHz or Amateur Radio.
Fax updated Damage Assessment Form, as requested, or as damage assessment changes. (See Appendix 3C, page 27.)

- f) Receive any injured person without regard to ability of person to pay for services. Maintain cost records. Submit claims for reimbursement for any costs for “qualified” expenses resulting from a presidential declared disaster or where grants specific to the event have been committed.
- g) Triage patients received and upon direction of Hospital Control, direct ambulatory injured to alternate health care facilities.
- h) Provide adequate planning for obtaining emergency medical supplies, pharmaceuticals and linens under disaster conditions, to include:
 - In-house capability by maintaining back up supplies stored on site; or
 - Emergency service contracts with medical supply and pharmaceutical vendors.
- i) When in house sources and private vendor sources of supply are exhausted, forward resource requests to the Public Health Emergency Operations Center OR local suburban city Emergency Operations Center for the following: (Appendix 3A, page 24).
 - Emergency supplies and equipment;
 - Support personnel;
 - Blood supplies;
 - Vehicles to transport patients to other hospitals or medical facilities;
 - Emergency repairs to physical plant that cannot be accomplished in-house or with accustomed service.

NOTE: Hospitals in City of Seattle should forward above requests to the Public Health EOC. Hospitals in suburban cities within King County should forward above requests to their local suburban city EOC. (See Section II, Policies.)

- j) Provide personnel and equipment for dispatch to disaster scenes, upon direction of "Hospital Control" or authorities from the EOC.
 - k) Provide patient information to Medical Exchange Northwest for the purpose of patient/family matching. The non-published phone number for hospitals to call is 206-230-7900. The information provided should include the hospital name, patient name (first, last and middle initial), patient race/color, patient sex, patient age, patient condition (satisfactory, serious, critical, treated and released or no report).
- f. **King County Department of Community and Human Services, Mental Health Division, shall:**
- 1) Participate in ESF 8 planning and preparedness activities, as needed.
 - 2) Provide crisis response, mental health services, involuntary detention services and outpatient services for persons who suffer from reactions to the disaster, as staffing allows.
 - 3) Coordinate with contracting mental health provider agencies to provide support for delivery of mental health services during a disaster.
- g. **Medical Exchange Northwest shall:**
- 1) Participate in ESF 8 and WSHA Emergency Preparedness Committee planning and preparedness activities, as needed.

- 2) Coordinate family welfare inquiries of hospitalized disaster victims with the In-Patient Welfare Inquiry Line and Victim /Family Matching Program for area hospitals and the community in Seattle and King County.
- 3) Coordinate with the American Red Cross to perform ARC Disaster Welfare Inquiry function.
- 4) Provide the local media with the Human Link (Patient Welfare Inquiry Line) phone number (888-488-9111). This number is to be published by the media after a multiple casualty incident.
- h. **Metropolitan Medical Strike Team**
(In Development)
- i. **Puget Sound Blood Center** shall:
 - 1) Participate in ESF 8 planning and preparedness activities, as needed.
 - 2) Provide adequate planning for maintaining emergency capabilities under disaster conditions or other episodes of utility service interruption, to include:
 - a) Back up power, sanitation and potable water provisions.
 - b) In-house capability or emergency service contracts for utility systems repair, damage stabilization, and water/debris removal.
 - 3) Provide adequate planning for capabilities at Blood Center facilities including emergency power, supplies, and staffing levels.
 - 4) Accept for processing properly identified requests for blood.
 - 5) Process, type and crossmatch blood samples.
 - 6) Provide for the return delivery of blood to the requesting agency.
 - 7) Coordinate blood donations from volunteers.
 - 7) Assure adequate blood supply to meet demand and coordinate acquisition of additional resources, if necessary.
- j. **King County Department of Transportation, Metro Transit Division**, shall:
 - 1) Provide coach transportation for minor ambulatory injured and patients being transferred between hospitals.
 - 2) Provide transportation for medical personnel, supplies and equipment to locations as needed.
 - 3) Provide radio equipped transit coaches for emergency communication capability to these facilities, as directed. (Additional information regarding coordination of transportation may be found in Seattle, Annex N, Transportation and King County ESF 1, Transportation.)
- a. **Washington State CISM Net**
 - 1) Participate in ESF 8 planning and preparedness activities, as needed.
 - 2) Maintain a CISM team statewide mobilization plan including Zone Coordinators and call out procedures.
 - 3) Provide educational opportunities and training to CISM teams in the State of Washington. (See Appendix 6, Page 33.)
- a. **Washington State Hospital Association**
 - 1) Coordinate and staff activities of the WSHA Emergency Preparedness Committee.
 - 2) Participate in ESF 8 planning and preparedness activities, as needed.
 - 3) Provide staff to respond to the Public Health EOC to assist with coordination of emergency hospital activities.

- a) Annually provide emergency roster with contact numbers of WSHA staff to Public Health;
- b) Annually maintain updated hospital resource matrix information and provide to Public Health.
- 4) Plan for and participate in City, County and Public Health exercises, as requested.
- b. **Washington State Department of Health**
 - 1) Department of Health (WDOH) will provide assistance, support and coordination of the following emergency functions, as detailed in Annex 6 - Emergency Functions, WDOH Emergency Management Plan:
 - a) Animal Services; b) Veterinary Services; c) Vector Control; d) Communicable Diseases; e) Drinking Water; f) Emergency Medical Services; g) Food Safety; h) Housing; i) Mass Care and Shelter; j) Protective Actions (Contamination of food, water, drugs, etc.); k) Radiation; l) Wastewater and Solid Waste.
- n. **Federal Government**
 - 1) **National Disaster Medical System (NDMS)**
 - a) NDMS is a federally coordinated initiative to augment the nations emergency response capability. The overall purpose of NDMS is to establish a single medical response capability for assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters and to provide support to the Department of Defense (DOD) and Department of Veterans Administration (DVA) in caring for casualties evacuated back to the continental United States from overseas conflicts.
 - b) NDMS depends on existing resources that remain under the control of the participating, volunteer civilian hospitals and governmental agencies. DVA and DOD hospitals will serve as backup facilities for casualties. Madigan Army Medical Center (MAMC) is the designated NDMS Federal Coordinating Center (FCC) for the Puget Sound Area, in coordination with other Federal Authorities.
 - 2) **Military Assistance to Safety and Traffic (MAST) Helicopter**
 - a) MAST military helicopters stationed at Fort Lewis may be requested for air medical transportation, including life-threatened accident victims, accident victims in remote sites, hospital transfers of serious patients, or transfers of blood or vital organs.

B. Local Governments

- 1. Cities/Support Agencies
 - a. **Fire Departments** shall:
 - Response and Recovery Phase:
 - 1) Provide emergency rescue and medical units. Provide personnel to administer rescue procedures and medical aid at the disaster scene.
 - 2) Establish a field command post and provide an Incident Commander.
 - 3) Coordinate with the Public Utilities/Works to assist with system flows to hospitals.

2. Cities/Support Agencies

a. **The Finance, Fleets, Facilities, Personnel, and Administration**, shall:

Mitigation and Preparedness Phase:

- 1) Maintain updated emergency access information for private suppliers of sanitation facilities (port-a-potties).
- 2) Maintain updated emergency access information for private sector, public sector, and military suppliers of containerized potable water, potable water tankers, and mobile water treatment resources.

Response and Recovery Phase:

- 1) Act on requests from the ESF 8 Coordinator, to procure medical supplies, equipment or pharmaceuticals to assist hospital operations, consistent with ESD capabilities. Refer to ESF 7, Logistical Services.
- 2) Provide personnel, as feasible, in accordance with ESF 7, Logistical Services to assist in health and medical services, as requested.

b. **The Regional Utilities** shall:

Response and Recovery Phase:

- 1) Provide assistance in obtaining necessary emergency power, as required.

c. **Emergency Management** shall:

Response and Recovery Phase:

- 1) At the direction of the Mayor or Council, coordinate state and federal disaster assistance, to meet medical needs in the city's jurisdiction. King County, State of Washington, and Federal Agencies may provide assistance.

d. **Parks and Recreation** shall:

- 1) Make available and operate parks facilities and equipment to be used as temporary treatment facilities for minor injured patients, as requested by the Public Health and as not otherwise occupied as shelters.
- 2) Parks and Recreation staff will not be expected to provide medical care above and beyond their level of training, which may be limited in most cases to the provision of first aid. (Reference King County ESF 6, Mass Care)

f. **Police Department** shall:

Response and Recovery Phase:

- 1) Provide the field commander, if required by existing conditions.
NOTE: Field command may restrict medical personnel from entering the area of involvement whereupon casualties will be brought to peripheral triage area for medical aid.
- 2) Provide crowd control and law enforcement.
- 3) Provide emergency traffic routing information and establish a traffic control plan at the disaster scene.
- 4) Provide transportation assistance to the disaster scene for hospital disaster team physicians at the request of Hospital Control (Harborview Hospital).
- 5) Provide for the security of water distribution system facilities serving the city.

g. **Public Works**, shall:

Response and Recovery Phase:

- 1) Assess and isolate water system damage to maintain a water supply for fire control, while minimizing the size of service outages.

- 2) Isolate water system damage to prevent major property damage or secondary damage to key emergency facilities, roadways and adjacent utilities.
- 3) Investigate possible contamination of the water system and mitigate the effects or eliminate the sources of contamination. Coordinate with the WA State DOH or PHSKC on health related issues.
- 4) Repair water system damage and restore normal or reduced levels of service to:
 - a) Secure the sources of supply and the transmission lines.
 - b) Provide available water to areas most in need of fire protection.
 - c) Coordinate with fire department resources and fire service water tenders to access local fill sites.
 - d) Direct food grade water haulers/bottlers to available potable water fill sites.
 - e) Restore treated water service to hospitals and other critical need users.
 - f) Provide available water to locations/facilities designated by the Public Health – Seattle and King County as priority sites.
 - g) Restore water treatment facilities to provide potable water for all activated portions of the distribution system.
 - h) Restore potable water service to all areas served.
- 5) Make Water Department resources, not committed to water system emergency operations, available to support public safety missions.
- 6) Identify points in the water distribution system where fire service resources can be safely applied to reduce large voids in hydrant coverage and to restore domestic flows to critical need facilities.

C. KING COUNTY

1. King County/Support Agencies
 - a. **King County Fire Departments and Fire Districts**
 - 1) Respond with emergency rescue and BLS aid units.
 - 2) Provide personnel to administer rescue procedures and medical aid at the disaster scene.
 - 3) Establish a field command post and provide an Incident Commander. Incident Commander will use normal fire rescue procedures as specified in ESF 4.
 - 4) Coordinate disaster scene operations per the MCI procedures established in the King County Fire Resource Plan (Revised 2001).
 - b. **King County Paramedic Provider Agencies**
 - 1) Respond with ALS units.
 - 2) Provide personnel to administer advanced life support services at the disaster scene.
 - 3) Provide a Medical Commander, Triage and Treatment Officer per the request of the Fire Department Incident Commander.
 - 4) Perform disaster scene operations per the MCI procedures established in the King County Fire Resource Plan (Revised 2001).

2. King County/Support Agencies

a. **King County Department of Adult and Juvenile Detention:**

- 1) Provide an Incident Commander at the scene of a disaster or other major emergencies within the King County Correctional Facility (Seattle) or in Regional Justice Center Detention Facility (Kent). The Incident Commander may restrict medical or support personnel from entering the area of involvement, whereupon casualties will be brought to peripheral triage areas for medical aid.
- 2) Provide an emergency response, disturbance control and law enforcement in the facility.
- 3) May request additional assistance from other law enforcement agencies.

b. **King County Department of Executive Services, Finance Division:**

- 1) Provide for the necessary procurement of medical and health supplies to assist in emergency medical, hospital and health services.
- 2) Ensure the flow through of FMA paperwork during recovery.

c. **King County Department of Natural Resource**

- 1) Maintain updated emergency access information for private suppliers of sanitation facilities.
- 2) Assist water districts and purveyors in repair of damage to water supply and distribution systems so as to assure continuing supply of treated water to hospitals, and temporary treatment facilities, as a matter of priority.

d. **King County Office of Emergency Management:**

- 1) Coordinate for temporary supplies of potable water to locations, facilities designated by the Public Health – Seattle and King County as priority;
- 2) Coordinate the supply and pumping of emergency sanitation facilities (Sanicans) with private suppliers.

e. **King County Department of Natural Resources and Parks:**

- 1) Make available and operate parks facilities and equipment to be used as temporary treatment facilities for minor injured patients, as requested by the Public Health. (Reference King County ESF 6, Mass Care)

f. **King County Sheriff's Office:**

- 1) Provide field commander at the scene of a civil disturbance, if required by existing conditions. Field command may restrict medical personnel from entering the area of involvement, whereupon casualties will be brought to peripheral triage areas for medical aid.
- 2) Provide crowd control and law enforcement in the area.
- 3) Provide emergency traffic routing information and establish a traffic control plan at the disaster scene.
- 3) Establish and carry out a missing persons identification/location program.

g. **Madigan Army Medical Center Federal Coordinating Center (MAMC FCC):**

- 1) Coordinate the NDMS activities of all non-federal hospitals and federal, state, county, city, regional and volunteer activities within the MAMC FCC scope of responsibility.
- 2) Develop the NDMS Puget Sound Area Operations Plan.
- 3) Test the NDMS on an annual basis, involving all participating hospitals and agencies.

VI. RESOURCE REQUIREMENTS

- A. Lists of assets of the Public Health and additional community assets to be used as resources by the ESF 8 are maintained in the Public Health Emergency/Disaster Operations Plan and in Emergency Resource Manuals in the Seattle, King County and Public Health EOC's. A list of the types of resources is provided in Appendix 4, Page 30.

VII. REFERENCES

- A. Revised Code of Washington (RCW), Title 38.52 - Emergency Management, as amended; (1983); RCW 34.04, Administrative Procedures Act, Laws of 1959.
- B. RCW 70.05.070, Local Health Officer, Powers and Duties
- C. Chapter 10, Seattle Municipal Code.
- D. Public Health, Emergency/Disaster Operations Plan, December 2000.
- E. City of Seattle Disaster Readiness and Response Plan.
- F. King County Emergency Management Plan, January 1997.
- G. Washington State Department of Health Comprehensive Emergency Management Plan, 5/97.
- H. The American Red Cross, Disaster Services Regulations and Procedures, Disaster Health Services (ARC 3050), 1991.
- I. National Disaster Medical System (NDMS), Operations Plan, Puget Sound Area, Short Title, NDMS OPLAN, PSA, July 20, 1994.
- J. King County Regional EMS Pre-Hospital and Hospital Disaster Communications Plan (Adopted 2/14/96, Central Region EMS and Trauma Council).
- K. Seattle Biological Incident Plan (also reflects King County & Cities resources).

VIII. TERMS AND DEFINITIONS:

- A. **Emergency health services** - Services required to prevent and treat the damaging health effects of an emergency including communicable disease control, immunization, laboratory services, dental and nutrition services; providing first aid for treatment of ambulatory and minor injured at temporary treatment facilities and special care facilities; providing public health information on emergency treatment prevention and control; and providing administrative support including maintenance of vital records.
- B. **Emergency environmental health services** - services required to correct or improve damaging environmental health effects on humans including inspection for food contamination, inspection for water contamination, vector control; providing for sewage and solid waste inspection and disposal; clean up and disposal of hazardous materials and provide sanitation inspection for emergency shelter facilities.
- C. **Emergency medical services** - services required to assure proper medical care for the sick and injured from the time of injury to the patient's arrival at a hospital, temporary medical facility or special care facility.
- D. **Medical examiner services** - services required to assure adequate death investigation, identification and disposition of bodies; removal, temporary storage and transportation of bodies to temporary morgue facilities; notification of next of kin, and coordination of medical examiner services and unclaimed bodies disposition.
- E. **Emergency hospital services** - services required to assure proper medical care and specialized treatment for patients in a hospital and the coordination of related hospital services.
- F. **Emergency mental health services** - mental health crisis response and involuntary detention services and outpatient mental health services.
- G. **Critical Incident Stress Debriefing** - a group intervention and educational session for emergency service workers to alleviate stress related symptoms and minimize the harmful affects of responding to the disaster.
- H. **Hospital** - a critical care facility continuously staffed to provide diagnosis or specialized medical treatment to individuals over a period of 24 hours.
- I. **Special care facility** - an intermediate care facility providing limited treatment to individuals. Special care facilities shall include private immediate care clinics, physicians offices, psychiatric care facilities, alcohol and drug treatment centers, nursing homes, hospice facilities, elderly day care homes and half way houses.
- J. **Temporary treatment facility** - a sheltered *non-medical* facility, temporarily staffed with medical personnel and temporarily provided with medical supplies and equipment for the purpose of treating individuals injured during a multiple casualty incident.
- K. **Field Hospital** - (to be defined)

IX. APPENDICES

ESF 8, Appendix 1 - Public Health – Seattle and King County, Organizational Chart

ESF 8, Appendix 2 - Relationships of Primary and Support Agencies

ESF 8, Appendix 3A - Hospital/EOC Relationships

Appendix 3B – Hospital Capacity Report (Paper version Puget Sound Hospital Capacity Website)

Appendix 3C - Individual Hospital Damage Assessment Form

Appendix 3D - Regional Hospital Assessment Form (To be used by EOCs)

ESF 8, Appendix 4 - Emergency Operating Centers - Resource Listings (Contents of "Black Books")

ESF 8, Appendix 5A - Airlift Northwest

ESF 8, Appendix 6 - Washington Critical Incident Stress Management Team Mobilization Plan

ESF 8, Appendix 7 - 800 MHz Talkgroups, Health Medical and Mortuary

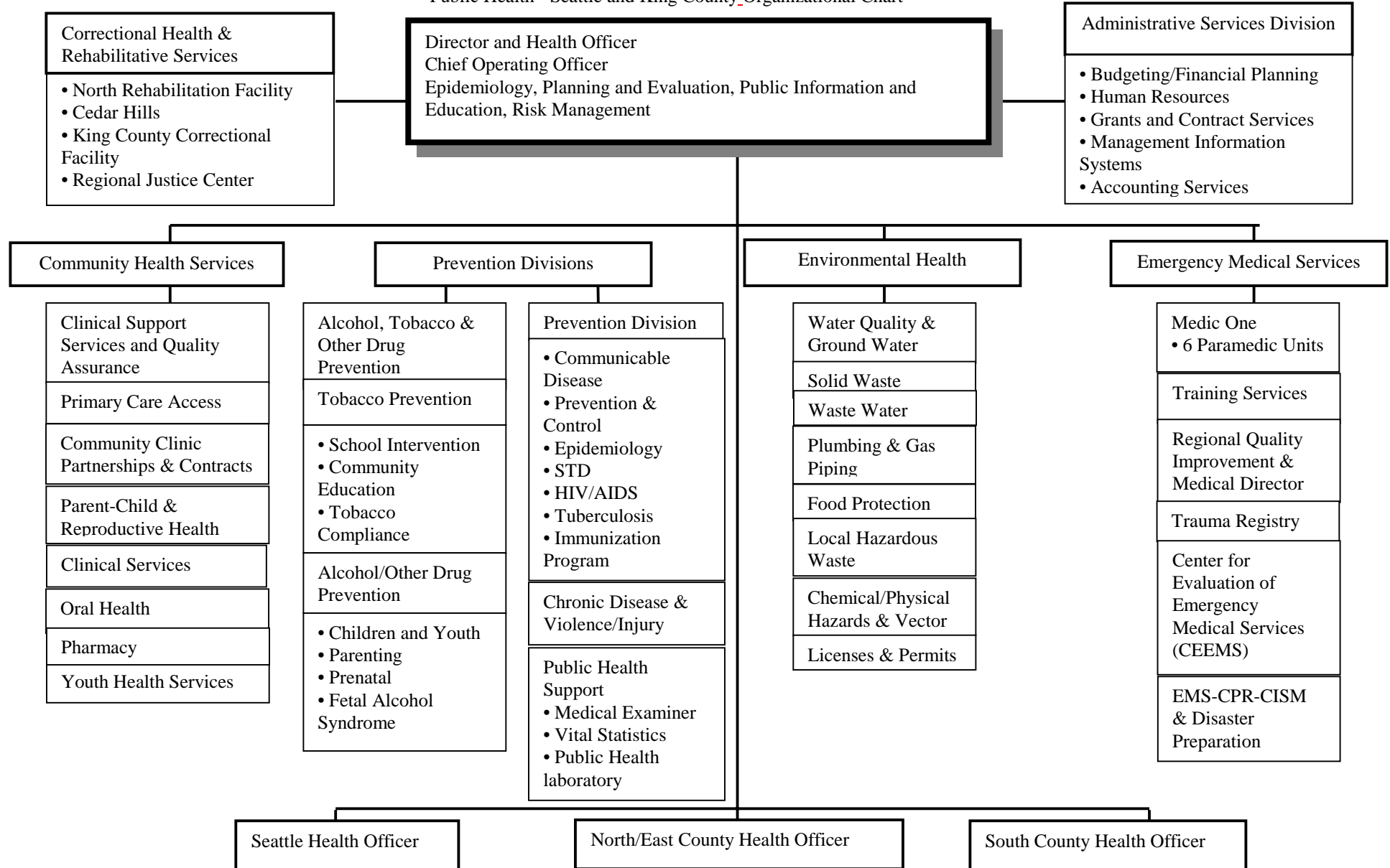
ESF 8, Appendix 8 - Activation of A.R.E.S. Medical Services Team

ESF 8, Appendix 9 - Public Health Bioterrorism Emergency Response Team (B.E.R.T.)

AGENCY APPROVAL _____ DATE APPROVED: _____

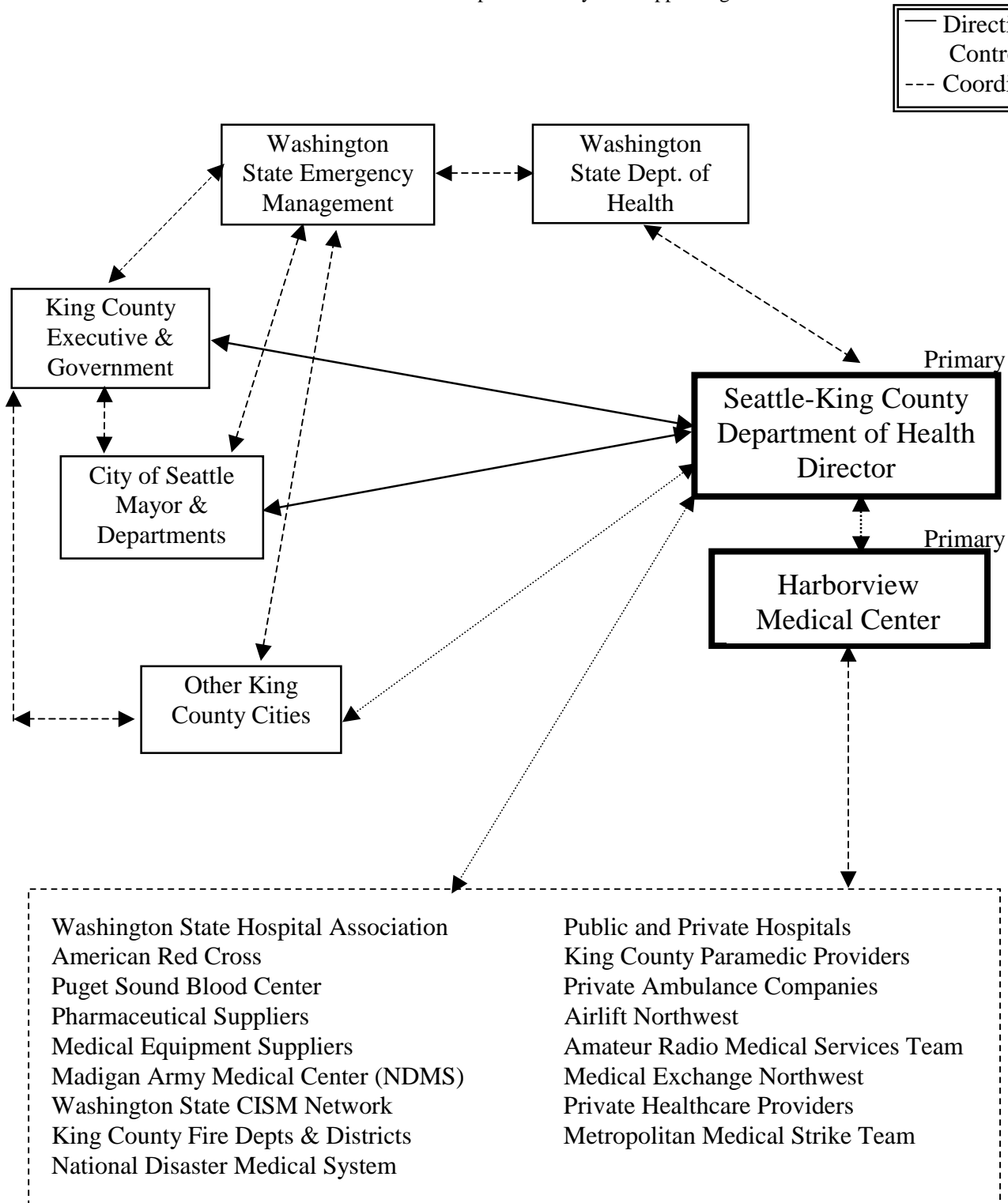
KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 1

Public Health - Seattle and King County Organizational Chart

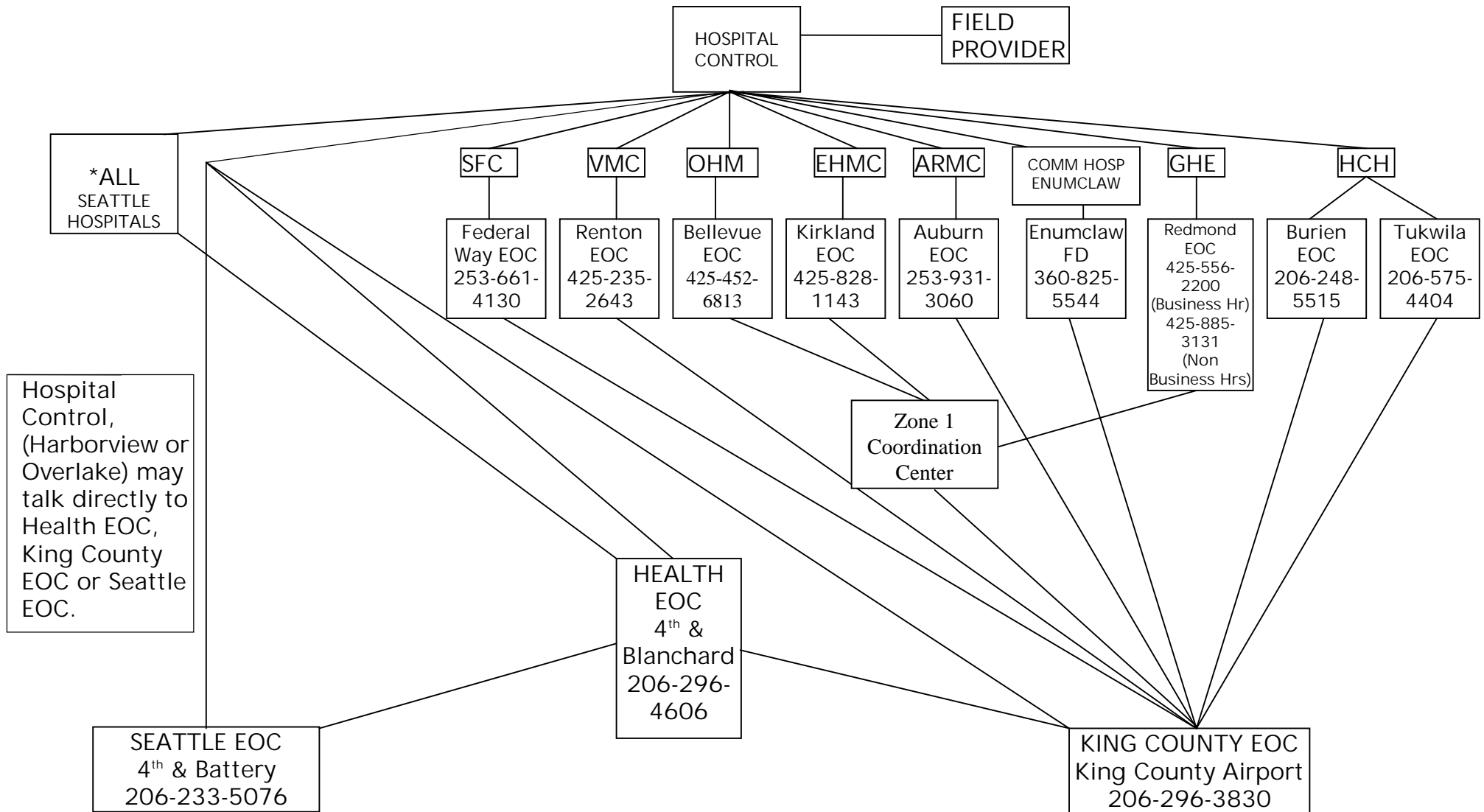


KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 2

Relationships of Primary and Support Agencies



KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 3A
Hospital / EOC Relationship



NOTE: This flow chart is intended to depict the designated EOC for hospitals to contact to request additional resources from their local city, Seattle or King County government.

- ◆ Seattle hospitals will request resources directly from the Public Health EOC. If contact cannot be made with Public Health EOC, attempt contact with the Seattle EOC.
- ◆ Suburban city hospitals will request resources from Suburban City EOC's first. Suburban cities will forward only those requests which they cannot manage to King County EOC. These requests will be managed by Health reps in the King County EOC or Health Dept. EOC, as necessary. If contact cannot be made with a suburban city EOC, the hospital should contact the King County EOC.

**KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 3B
Hospital Capacity Report**

| CIRCLE APPROPRIATE LETTER | AUBURN GEN HOSP (253-833-7711) | BALLARD - SWEDISH (206-781-6341) | CHILDRENS HOSP (206-526-2222) | EVERGREEN HOSP (425-899-1700) | GROUP HEALTH HOSP -ES (425-883-5117) | HARBORVIEW HOSP (206-731-3000) | HIGHLINE COMM. HOSP (206-431-5314) | NORTHWEST HOSP(206-368-1765) | OVERLAKE HOSP(425-688-5200) | PROVIDENCE HOSP - SEATTLE (206-320-2111) | ST. FRANCIS HOSP (253-838-9700) | SWEDISH HOSP (206-386-2673) | UNIVERSITY HOSP (206-598-6190) | VALLEY MEDICAL (425-251-5105) | VETERANS HOSP (206-764-2130) | VIRGINIA MASON HOSP (206-583-6433) |
|--|--------------------------------------|--|----------------------------------|----------------------------------|--|--------------------------------------|--|---------------------------------|--------------------------------|--|------------------------------------|--------------------------------|-----------------------------------|----------------------------------|---------------------------------|--|
| Are you accepting patients? | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| If no, why not? *** | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F | S/E/F |
| Have you activated your Disaster Plan? | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| ER CAPACITY | | | | | | | | | | | | | | | | |
| Alpha-1(NOW) | | | | | | | | | | | | | | | | |
| Alpha II (Within 30 mins) | | | | | | | | | | | | | | | | |
| OR CAPACITY | | | | | | | | | | | | | | | | |
| Bravo I (Within 30 mins) | | | | | | | | | | | | | | | | |
| Bravo II (Within 60 mins) | | | | | | | | | | | | | | | | |
| MED/SURG CAPACITY | | | | | | | | | | | | | | | | |
| Charlie I (Available beds) | | | | | | | | | | | | | | | | |
| Charlie II (ICU) | | | | | | | | | | | | | | | | |
| Charlie III (CCU) | | | | | | | | | | | | | | | | |
| Charlie IV (PEDS) | | | | | | | | | | | | | | | | |
| Charlie V (Psych) | | | | | | | | | | | | | | | | |

LEGEND NOT ACCEPTING PATIENTS BECAUSE:

S = STAFFING INADEQUATE

E - EQUIPMENT FAILURE

F - FACILITY NOT FUNCTIONAL

**KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 3C
HOSPITAL DAMAGE ASSESSMENT FORM**

Emergency/Incident: _____ **Date:** _____ **MSG NO** _____

(SEQ. W/ OTHER MESSAGES)

Exercise: _____ **Facility Name:** _____ **Floor/Wing** _____

To be used to report back to Net Control or Emergency Operations Center. Not to be used for building safety assessment or inspection.

None Min Maj Destr * **Damaged? Check appropriate Category, Provide comment only if necessary,**

(0) (1) (2) (3) **Structural**

a. External walls: _____

b. Internal walls: _____

c. Roof: _____

d. Floors: _____

e. Stairwells/Fire exits _____

f. Other structural: _____

Non-structural

g. Ceilings/Light fixtures: _____

h. Windows: _____

i. Interior walls: _____

j. Mechanical equipment: _____

k. Elevators: _____

l. Other hazards: _____

Key

None = No apparent damage detected.

Minor = Some damage - does not hinder use.

Major = Significant damage - must have reinforcement to use -

Destroyed = Unusable / unsafe - for use due to significant hazard.

Yes No Limited **Resources** **Available/Functional? Check appropriate box. Provide comment only if necessary.**

m. Electrical Power: _____

n. Generator: _____

o. Generator fuel: (based on 8 hr. usage) _____

p. Water: _____

q. Heat (steam/gas/etc.): _____

r. Telephone (land): _____

s. Cellular phone : _____

t. Radios (system type): _____

u. Other: _____

v. Medical supplies _____

Present Need **Staffing**

_____ **w. Medical Staff:** _____

_____ **x. Nursing/Paramedical:** _____

_____ **y. Ancillary/Support:** _____

_____ **z. Other staff needed:** _____

When complete fax to Health Dept. EOC at (fax) _____ or transmit via radio

Completed by . Name/call: _____ **Info. provided by:** _____

KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 3D
REGIONAL HOSPITAL ASSESSMENT FORM

| | |
|---|-------|
| Date: | Time: |
| Type of Incident: | |
| Location of Incident: | |
| Time All Call Initiated: 1) 2) 3) | |
| EOC: Health <input type="checkbox"/> King County <input type="checkbox"/> Seattle <input type="checkbox"/> | |

| HOSPITAL | | Phone | Accepting Patients? | If, no why not? | Disaster Plan Activated? | Structural | Non-Structural | Resources (Yes, No, Limited) | Staffing | Road Closures? |
|----------------------|--------|--------------|---------------------|-----------------|--------------------------|------------|----------------|------------------------------|----------|----------------|
| Auburn General | AGH | 253-735-7561 | | | | | | | | |
| Swedish/Ballard | SMC/B | 206-781-6341 | | | | | | | | |
| Childrens | COH | 206-526-2222 | | | | | | | | |
| Evergreen | EVG | 425-899-1700 | | | | | | | | |
| Group Health/Central | GHC | 206-326-3101 | | | | | | | | |
| Group Health/East | GHE | 425-883-5117 | | | | | | | | |
| Highline Community | HLH | 206-431-5314 | | | | | | | | |
| Northwest | NWH | 206-368-1765 | | | | | | | | |
| Overlake | OVH | 425-688-5200 | | | | | | | | |
| Providence | PRS | 206-320-3111 | | | | | | | | |
| Snoqualmie Valley | SVH | 425-831-2373 | | | | | | | | |
| St. Francis | SFH | 253-838-9700 | | | | | | | | |
| Swedish | SMC/FH | 253-386-2573 | | | | | | | | |
| University | UWMC | 206-598-2611 | | | | | | | | |
| Valley | VGR | 253-251-5185 | | | | | | | | |
| Veterans | VAH | 206-764-2130 | | | | | | | | |
| Virginia Mason | VMC | 206-583-6433 | | | | | | | | |
| Harborview | HMC | 206-223-3000 | | | | | | | | |

Key for Structural and Non Structural Damage
O = (None) No apparent damage detected.
1 = (Minor) Some damage, does not hinder use.
2 = (Major) Significant damage, must have reinforcement to use.
3 = (Destroyed) Unusable/unsafe for use due to significant hazard.

Key to Resources
Yes = Y
No = N
Limited = L

KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 3D (Continued)
REGIONAL HOSPITAL ASSESSMENT FORM

| HOSPITAL | | ADDITIONAL COMMENTS: |
|----------------------|--------|----------------------|
| Auburn General | AGH | |
| Swedish/Ballard | SMC/B | |
| Childrens | COH | |
| Evergreen | EVG | |
| Group Health/Central | GHC | |
| Group Health/East | GHE | |
| Highline Community | HLH | |
| Northwest | NWH | |
| Overlake | OVH | |
| Providence | PRS | |
| Snoqualmie Valley | SVH | |
| St. Francis | SFH | |
| Swedish | SMC/FH | |
| University | UWH | |
| Valley | VGR | |
| Veterans | VAH | |
| Virginia Mason | VMC | |
| Harborview | HMC | |

KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 4
EOC RESOURCE LISTINGS

The following resource information is maintained at the Seattle EOC, King County EOC and Public Health in large black binders.

1. Public Health Resource Inventory
2. Public Health Employee Mobilization Roster
3. Public Health Distribution Center Inventory
4. Public Health mutual aid/Agreement letters
5. Hospital Facilities
6. Medical and/or Linen Supply
7. Central Region EMS and Trauma Plan
8. Puget Sound Blood Center
9. Nursing Home Facilities
10. Medical Clinics
11. Veterinary Clinics
12. Health/Medical Manpower Agencies
13. Medical Examiner Procedures
14. Aeromedical Transportation
15. Fire/EMS Resources
16. Washington State Critical Incident Stress Debriefing Mobilization Plan
17. Mental Health Resources

KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8 - APPENDIX 5A
AEROMEDICAL TRANSPORTATION

**AIRLIFT
NORTHWEST**

One Call Does All

Pre-Hospital

It's more than just a slogan at Airlift Northwest.

Since 1982, Seattle-based Airlift Northwest – in partnership with pre-hospital providers – has offered rapid emergency air transport service to critically ill or injured patients throughout Washington, Alaska, Montana, Idaho and Western Canada.

At Airlift Northwest we think of pre-hospital providers as the critical first link in the emergency network chain. To help keep that network strong, please review the following guidelines prior to arranging for pre-hospital transport.

Activating Airlift Northwest

Any authorized public safety professional, physician or nurse can activate Airlift Northwest by calling 1-800-426-2430 (or 329-2569 from Seattle) with the following information:

- Landing zone location (or coordinates)
- Ground contact radio frequency
- Ground contact unit
- Patient's illness or injury
- Weather conditions
- Receiving facility

Landing Zone Requirements

Upon request, Airlift Northwest will provide safety training as well as assist in the planning development of landing zones.

Basic landing zone requirement include:

- 60' x 60's landing area (in daylight)
- 100" x 100" landing area (after dark)
- Slope: less than 6 degrees
- Zone must be clear of all obstructions (this includes trees, poles, wires or fencing)
- Red lights at landing zone helpful (but not required) for night landings

Helicopter Safety

Airlift Northwest depends on pre-hospital providers to insist on "safety first: practices in the field. When assisting at a helicopter landing, remember:

- Keep spectators at least 200 feet from landing zone
- Approach aircraft only when directed to do so by a member of the Airlift Northwest flight crew
- Approach helicopter only from the front of the aircraft
- Secure all items that might blow around during landing or takeoff (items such as sheets, hats or other articles of clothing)

Aircraft Equipment

The Agusta A109A/mark II twin engine helicopter has:

- All weather instrumentation
- 200 mile range
- 160 mph cruise speed and carries the following life-saving medical equipment:
 - Ventilator
 - Cardiac monitor, defibrillator and pacer
 - Invasive & non-invasive hemodynamic monitors
 - ACLS medication and equipment
 - Isolette

Medical Team

Each Airlift Northwest emergency flight is serviced by two aviation medicine specialists:

- Adult critical care specialist
- Neonatal/pediatric critical care specialist

Airlift Northwest

6987 Perimeter Rd. S, Ste. 110
Seattle, WA 98108

Business Office:

1-206-731-8377

24 Hour Emergency Hotline

1-800-426-2430

(Toll Free Nationwide)

329-2569

(From Seattle)

Regional Disaster Plan for Public and Private Agencies in King County, Washington
KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8 – APPENDIX 5A (CONTINUED)
AEROMEDICAL TRANSPORTATION

**AIRLIFT
NORTHWEST**

One Call Does All

Inter-Hospital

It's more than just a slogan at Airlift Northwest.

Since 1982, Seattle-based Airlift Northwest – in partnership with the finest tertiary care medical facilities in the Pacific Northwest – has provided rapid emergency and inter-hospital air transport service to critically ill or injured patients throughout Washington, Alaska, Montana, Idaho and Western Canada.

As an accurate and complete exchange of information during any transport procedure is essential for successful patient care, please review the following guidelines prior to an inter-hospital transport.

Arranging Transport

To arrange for an inter-hospital transport, call 1-800-426-2430 (or 329-2569 from Seattle) with the following information:

- Name of person requesting transport
- Referring hospital and physician
- Receiving hospital and physician
- Name and age of patient
- Call back number
- Patient information including:
 - Diagnosis
 - Vital signs
 - Medications

Emergency Aircraft

Helicopter Service

Airlift Northwest has three helicopters ready to respond within minutes to pre-hospital field emergencies and inter-hospital transfers in Western Washington.

Based at Boeing Field and in Puyallup, the Agusta A109A/Mark II twin-engine, instrument certified helicopters have a cruise speed of 160 mph.

Fixed Wing Service

Airlift Northwest has three jet aircraft that serve Eastern Washington, Alaska, Montana, Idaho and Western Canada.

The two Cessna Citations (cruise speed 380 mph) and the Lear Jet 35A (cruise speed 500 mph) are designed to provide advanced life support to critically ill or injured patients. Each aircraft operates with a two-pilot crew.

Aircraft Equipment and Medical Team

Both the twin-engine helicopter and the jet aircraft have the capacity to carry two-patients per flight. Each flight also has a medical team consisting of an:

- Adult critical care specialist
- Neonatal/pediatric critical care specialist

Each aircraft is equipped with specialized emergency and critical care equipment for neonates, children, adults and high risk obstetric patients. On board medical equipment includes:

- Ventilator
- Cardiac monitor, defibrillator and pacer
- Invasive and non-invasive hemodynamic monitors
- ACLS medication and equipment
- Isolette

Airlift Northwest

6987 Perimeter Rd. S, Ste. 110
Seattle, WA 98108

Business Office:

1-206-731-8377

24 Hour Emergency Hotline

1-800-426-2430

(Toll Free Nationwide)

329-2569

(From Seattle)

**KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8**

APPENDIX 6

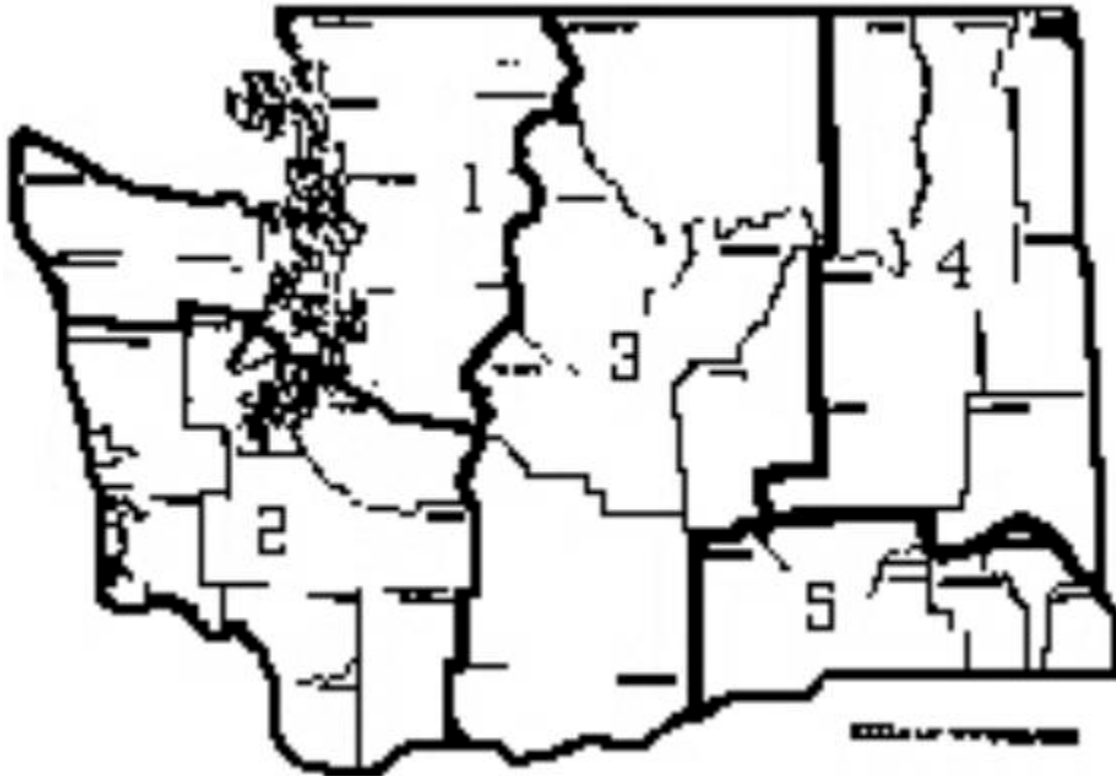
**CRITICAL INCIDENT STRESS DEBRIEFING AND DEMOBILIZATION
WASHINGTON STATE CISD MOBILIZATION NOTIFICATION SYSTEM**

State Coordinator: Tom Barrett, King County CISM Program
Landline Phone: 253-839-3343 or 509-674-3958 Cell phone: 253-670-2040 24 Hour CISM
Mutual Aid #: 253-854-2005
Ask for the Washington State CISM Mobilization Coordinator

Purpose: To provide mutual aid CISD Teams or other specialized expertise when the zone resources are depleted or unavailable.

Process: Contact the State Mobilization Coordinator to make a request for mutual aid from a CISD Team. The State Coordinator will contact the Zone Coordinator to process mutual aid requests. Washington State has been divided into 5 Zones for the purpose of this plan. These zones are shown on the below map.

Washington State CISD Zone Map



KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 7

800 MHZ RADIO TALKGROUPS

BANKS A, B, C, D, E & F available in radios in the Seattle EOC, King County EOC and Public Health EOC

| | BANK A | | BANK B | | BANK C |
|-----------|---------------|-----------|---|-----------|----------------|
| 1 | DPH OPS1 | 1 | SEA EVENT 1 | 1 | DPH OPS 1 - ST |
| 2 | DPH OPS2 | 2 | SEA EVENT 2 | 2 | DPH OPS 2 - ST |
| 3 | DPH OPS3 | 3 | SEA EVENT 3 | 3 | DPH OPS 3 - ST |
| 4 | DPH COMMON | 4 | SEA EVENT 4 | 4 | DPH COM - ST |
| 5 | ALL GOV | 5 | SEA EVENT 5 | 5 | WA OPS 1 - EMS |
| 6 | LOC GOV N | 6 | KC EVENT 1 | 6 | WA OPS 3 - LG |
| 7 | LOC GOV S | 7 | KC EVENT 2 | 7 | WA OPS 4 - EMS |
| 8 | KC EMS OPS 1 | 8 | KC EVENT 3 | 8 | I CALL |
| 9 | KC EMS OPS 2 | 9 | KC EVENT 4 | 9 | I TAC - 1 |
| 10 | SEA OPS CALL | 10 | KC EVENT 5 | 10 | I TAC - 2 |
| 11 | SEA OPS COM 1 | 11 | KC EOC COM | 11 | I TAC - 3 |
| 12 | SEA OPS COM 2 | 12 | KC EOC OPS | 12 | I TAC - 4 |
| 13 | SEA OPS COM 3 | 13 | KC EOC EM 1 | 13 | REGROUP |
| 14 | HOSP COMMON | 14 | KC EOC EM 3 | 14 | UNPROGRAMMED |
| 15 | UNPROGRAMMED | 15 | KC EOC EM 4 | 15 | UNPROGRAMMED |
| 16 | UNPROGRAMMED | 16 | KC EOC EM 5 | 16 | UNPROGRAMMED |
| | | | | | |
| | BANK D | | BANK E | | BANK F |
| 1 | HOSP COMM | 1 | HOSP COMM | 1 | HOSP COMM |
| 2 | DPH COMMON | 2 | DPH COMMON | 2 | DPH COMM |
| 3 | AUBURN | 3 | SWED - BAL | 3 | STEVEN |
| 4 | CHILDRENS | 4 | SWED - SEA | 4 | GOOD SAM |
| 5 | ENUMCLAW | 5 | UW | 5 | ST. JOE |
| 6 | EVERGREEN | 6 | VALLEY-REN | 6 | TAC GEN |
| 7 | GH EAST | 7 | VA | 7 | MADIGAN |
| 8 | GH SEATTLE | 8 | VIRG MAS | 8 | MARY BRD |
| 9 | HARBORVIEW | 9 | BLOOD | 9 | UNPROGRAMMED |
| 10 | HIGHLINE | 10 | AIRLIFT | 10 | UNPROGRAMMED |
| 11 | NW | 11 | AMBULANCE* | 11 | UNPROGRAMMED |
| 12 | OVERLAKE | 12 | UNPROGRAMMED | 12 | UNPROGRAMMED |
| 13 | SWE-PROV | 13 | UNPROGRAMMED | 13 | UNPROGRAMMED |
| 14 | RIVERTON | 14 | UNPROGRAMMED | 14 | UNPROGRAMMED |
| 15 | ST. FRAN | 15 | UNPROGRAMMED | 15 | UNPROGRAMMED |
| 16 | UNPROGRAMMED | 16 | UNPROGRAMMED | 16 | UNPROGRAMMED |
| | | | *Requires approval of Seattle Fire Department | | |

KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 7 (Continued)

800 MHZ RADIO TALKGROUPS

BANKS A, B, & C available in portable radios at Public Health sites.

| | BANK A | | BANK B | | BANK C |
|-----------|---------------|-----------|---------------|-----------|----------------|
| 1 | DPH OPS1 | 1 | SEA EVENT 1 | 1 | DPH OPS 1 - ST |
| 2 | DPH OPS2 | 2 | SEA EVENT 2 | 2 | DPH OPS 2 - ST |
| 3 | DPH OPS3 | 3 | SEA EVENT 3 | 3 | DPH OPS 3 - ST |
| 4 | DPH COMMON | 4 | SEA EVENT 4 | 4 | DPH COM - ST |
| 5 | ALL GOV | 5 | SEA EVENT 5 | 5 | WA OPS 1 - EMS |
| 6 | LOC GOV N | 6 | KC EVENT 1 | 6 | WA OPS 3 - LG |
| 7 | LOC GOV S | 7 | KC EVENT 2 | 7 | WA OPS 4 - EMS |
| 8 | UNPROGRAMMED | 8 | KC EVENT 3 | 8 | I CALL |
| 9 | UNPROGRAMMED | 9 | KC EVENT 4 | 9 | I TAC - 1 |
| 10 | UNPROGRAMMED | 10 | KC EVENT 5 | 10 | I TAC - 2 |
| 11 | UNPROGRAMMED | 11 | KC EOC COM | 11 | I TAC - 3 |
| 12 | UNPROGRAMMED | 12 | KC EOC OPS | 12 | I TAC - 4 |
| 13 | UNPROGRAMMED | 13 | KC EOC EM 1 | 13 | REGROUP |
| 14 | UNPROGRAMMED | 14 | KC EOC EM 3 | 14 | UNPROGRAMMED |
| 15 | UNPROGRAMMED | 15 | KC EOC EM 4 | 15 | UNPROGRAMMED |
| 16 | UNPROGRAMMED | 16 | KC EOC EM 5 | 16 | UNPROGRAMMED |

**KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 8**



Amateur Radio Emergency Service

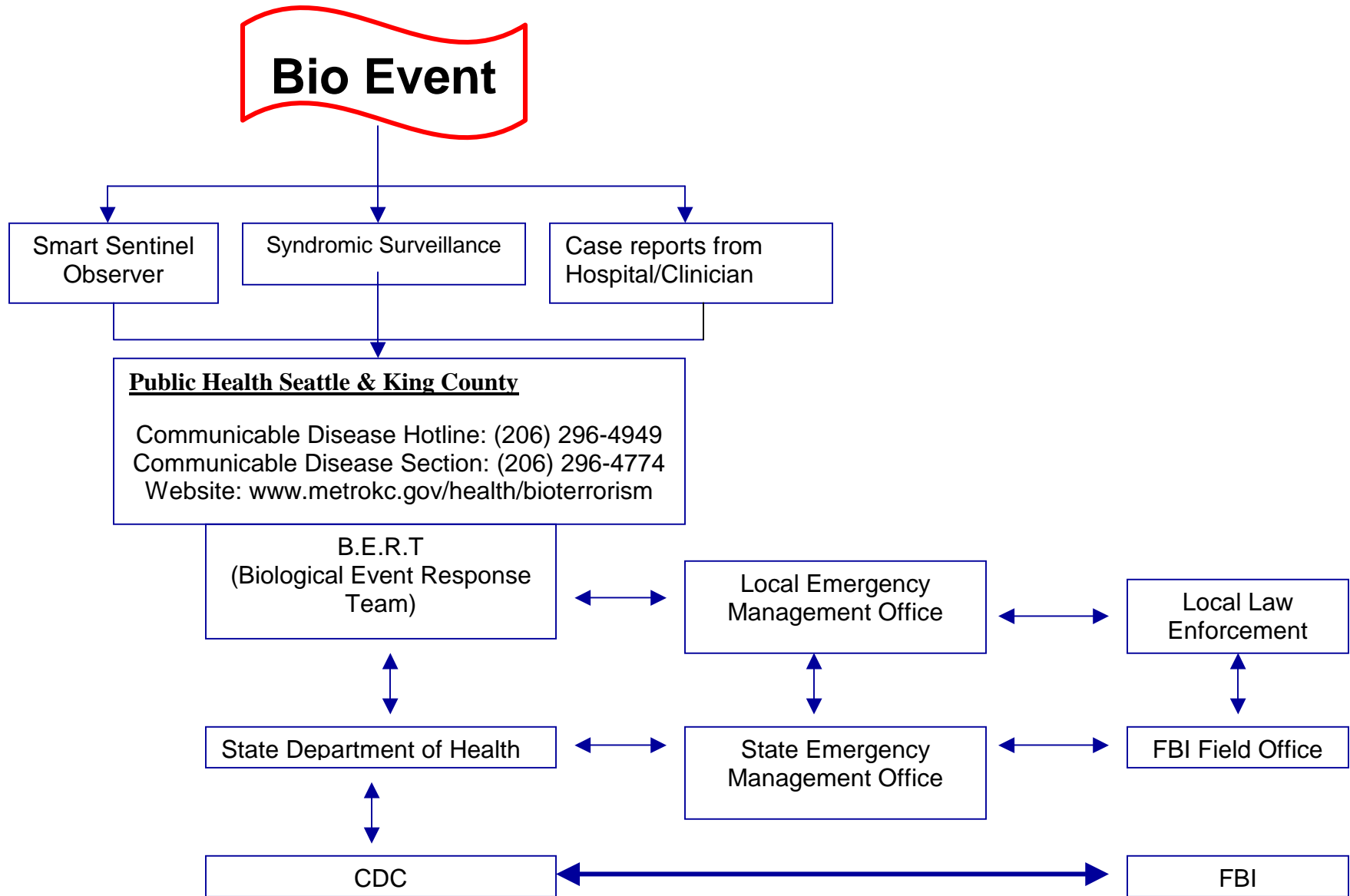
Marina Zuetell, N7LSL - Emergency Coordinator
Medical Services Team - W. WA. Section
4824 38th Avenue N.E.
Seattle, WA. 98105

ACTIVATION OF A.R.E.S. MEDICAL SERVICES TEAMS
(also called Western Washington Medical Services Communications Team)

- Any Medical Facility within **King County**..(jurisdiction) may request activation of the A.R.E.S. (Amateur Radio Emergency Services) Medical Services Team for Communications support when:
 - normal communications systems are disrupted or overloaded.
 - phone service is unavailable due to damage or service disruption
 - disaster drills or exercises
- A.R.E.S. Medical Services Team is an Auxiliary Communication Service, and can provide experienced communicators, familiar with the medical environment, to operate most types of hospital radio systems, answer telephones, and assist with other communications needs when facility communications systems are disrupted or overloaded.
- Amateur Radio cannot be utilized when normal business communication systems are functioning. Amateur Radio is an **emergency communications** backup resource.
- Please be sure that staff members know the location of the radios and/or the antenna cable is located, or its storage location is clearly marked.
- **To activate the Medical Services Team for an emergency incident:**
- **Contact the Seattle Fire Alarm Center at 206-386-1498 and request the Duty Officer for Seattle Emergency Management be paged. This is a 24-hour number.**
- **The Duty Officer will contact the Team Leadership to activate appropriate team members. Someone will contact the requester as soon as possible to determine your requirements. In the event of a major disaster such as a catastrophic earthquake, the team will self-activate and report to assigned facilities as quickly as they can. A general Medical Services Team Callout can be made by a text or numeric page sent to: 206-559-6439. (AT&T Wireless)**
- **Medical Services Team leadership will contact the requester for specific needs, and will obtain information necessary to request a State Mission/Incident number, as per the Incident Report worksheet. This information will be returned to the Duty Officer via fax (206-684-5998) or electronic mail (firstname.lastname@ci.seattle.wa.us) ASAP.**
- To request Medical Services Team participation in a **disaster drill**, for a single facility or a multi-agency exercise, contact the Team Leadership in King County at one of the following numbers; please call in the order listed, and wait approximately 10-15 minutes before trying another contact:
 - Marina Zuetell - Emergency Coordinator - 206-997-0095 pager
 - Ned Worcester - Asst. EC - Technical Operations – 1-800-450-3560 pager
 - Allan Kush - Asst. EC - Radio Officer - 206-626-4413 pager
 - Carlos Smith - Asst. EC - Asst. Radio Officer - 1-800-720-8365 pager
 - Mike Cusson - Asst. EC - Logistics & Acquisition 206-559-3336 pager
 - Walter Beck - Asst. EC - Membership and Database Programs 425-831-0051 h
 - Judy Dotson - Asst. EC - Training – 206-298-3105

Kitsap, Mason, Pierce, and Thurston Counties have other mechanisms for activation, but may be accessed by contacting Marina Zuetell, or another officer.

KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 9



KING COUNTY, WASHINGTON
EMERGENCY SUPPORT FUNCTION 8
APPENDIX 9 (Continued)

